
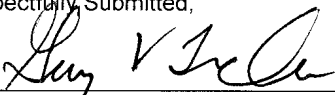


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Clark et al.	Group No: 3771
Application No: 10/627,591	Examiner: Shumaya B. Ali
Confirmation No: 2973	Attorney Docket No: NK.29.10
Filed: July 25, 2003	February 13, 2008
Title: AEROSOLIZED ACTIVE AGENT DELIVERY	San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time	
Papers Enclosed <input checked="" type="checkbox"/> Amendment in Response to Non-final Office Action <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
	Extension (Months)	Extension Fee
		Large Entity Small Entity
	<input type="checkbox"/> One Month	\$120.00 \$60.00
	<input type="checkbox"/> Two Months	\$450.00 \$225.00
	<input type="checkbox"/> Three Months	\$1,020.00 \$510.00
Total \$ 00.00		
<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	30	41	0	\$50.00	\$25.00	\$0.00
Independent Claims	5	5	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims			0	\$300.00	\$150.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00		
Total	\$0.00	Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: Janah & Associates, PC 650 Delancey Street, Suite 106 San Francisco, California 94107	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00 . CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a) I hereby certify that this correspondence is being electronically filed on the date shown below. By:  Date: February 13, 2008 Leslie Mills		Respectfully Submitted, By:  Date: February 13, 2008 Guy V. Tucker Registration No. 45,302	